

8 1959

Registration District No.

317

..Primary Registration District No.

547

Registrar's No. 1210

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights, Mo/</b>		c. CITY OR TOWN <b>Bridgeton</b> <b>4008</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>11945 Berry Hill Drive</b>	
Length of stay in lb. <b>3 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Frank</b>		4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1959</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 12, 1885</b>	
9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Heating</b>	
11. BIRTHPLACE (City and state or country) <b>Washington Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Figcher</b>		13b. MOTHER'S MAIDEN NAME <b>Do not know</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna O'Day Fischer</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>93-42-5970</b>	
17. INFORMANT <b>Anna O'Day Fischer, 11945 Berry Hill Drive.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion A. a. c. t. e.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		COUNTY <b>St. Louis</b> STATE <b>Mo</b>	
21. I attended the deceased from Death occurred at <b>April 27, 1959</b> to <b>April 30, 1959</b> and last saw her alive on <b>Apr 30, 1959</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Donna M. O'Day</b> (Degree or title) <b>0</b>		22b. ADDRESS <b>416 W. 11th St.</b>	
22c. DATE SIGNED <b>5/1/59</b>			
23a. BURIAL, CREMATION, REBURYAL, etc. <b>Removal</b>		23b. DATE <b>5/4/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
24. FUNERAL DIRECTOR <b>Ortmann Funeral Home, 9222 Lackland Rd.,</b>		25. DATE RECD. BY LOCAL REG. <b>5-2-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Sam Stipanovic, Student Embalmer No. 578 working under my personal supervision.

Student Sam Stipanovic  
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.